

MARK S. BEAUFIT, P.S.

attorney at law/patent attorney
601 Union Street, Suite 4900
Seattle, WA 98101
206-652-0890 fax: 206-625-1052
beaufit@beaufitlegal.com

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PTO/SB/21 (09-06)

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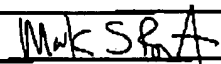
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/688,155 | RECEIVED CENTRAL FAX CENTER OCT 18 2006 |
| | Filing Date | October 17, 2003 | |
| | First Named Inventor | Keith O'Hair | |
| | Art Unit | 3727 | |
| | Examiner Name | Mai, Tri M. | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | OHA1-wrist |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|-------|
| Firm Name | Mark S. Beaufait, P.S. | | |
| Signature |  | | |
| Printed name | Mark S. Beaufait | | |
| Date | 10/18/2006 | Reg. No. | 48529 |

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| Signature |  | | |
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| | |
|------------------------|-------------------|
| Application Number | 10/688,155 |
| Filing Date | October 17, 2003 |
| First Named Inventor | Keith O'Hair |
| Title | Wrist Tool Holder |
| Art Unit | 3727 |
| Examiner Name | Mai, Tri M. |
| Attorney Docket Number | OHAI-wrist |

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85893

OR

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| Name | Registration Number |
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Keith O'Hair

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, use below.

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